ŀ		,	M. LLIĆN	Ubstitute for F	DETERMINA Orm PTO-875	ATIO	N RECO	RD		Applic	allon or D	M OMB	coulted us	lERO Umba
	. :	•											ונסנונג	•
-	CLAIMS AS FILED - PART I							•						
ŀ	·		(Column 1)		(Column 2)		SMALL ENTITY		TY	O R	OTHER THAN			
1	FOR		NUMBER FILED		NUMBER EXTRA		7			OR	SMALL ENTITY			
1	BASIC FEE (37 CFR 1.16(a))				HOMBER EXTRA		RATI	E	FEE		DATE W			
Г	TOTAL CLAIMS						İ	5_				<u> </u>	FE	<u> </u>
-	(37 CFR 1.16(c)) INDEPENDENT CLAIMS		minus 20 =		•			1		OR	<u> </u>		5.	
ı	(37 CFR 1.16(b))		. minus 3 a				X \$			OR	X \$	_ =		
							X 8	.=	1.	OR	1	_		
F	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))										X 8	==		
ŀ	* If the difference in column 1 is less than zero, enter "0" in colo						+1			OR	+ 8	``	• • •	
1							TOTAL		- 1	OR .	"JUE"			
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<u>·</u>	FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37-CFR 4.16(d))						· · · · ~ · · · · · · · · · · · · · · ·	LE WET PIE	OR	X	=====	 		1
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7	FIRST PRESENTATION OF ANY TIPE CO.					X s			OR	X £	. =			
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"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11. This collection is estimated to take 12 information including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.